Fill in this inform	nation to identify your cas	se:	
Debtor 1	Ryan B Ritter		
Debtor 2 (Spouse, if filing)	Emily I Ritter		
United States B	ankruptcy Court for the:	WESTERN DISTRICT OF WASHINGTON	
Case number	14-14107		Check if this is:
(If known)			An amended filing
			A supplement showing p

## Official Form 1061

## Schedule I: Your Income

ostpetition chapter owing date:

1/31/2016 MM / DD/ YYYY

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## **Describe Employment** Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. If you have more than one job, Employed Employed **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Director of IT Permanent Para Educator** Include part-time, seasonal, or **Town and Country Markets** self-employed work. **Bainbridge Island School District** Employer's name Occupation may include student or homemaker, if it applies. **Employer's address** 130 5th Ave South 8489 Madison Ave. NE Suite 126 Bainbridge Island, WA 98110 Edmonds, WA 98020 How long employed there? 2 Years 4 Months

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

For Debtor 1 For Debtor 2 or non-filing spouse 12.693.20 534.69 0.00 0.00 12,693.20 534.69

Official Form 106I Schedule I: Your Income page 1

Ryan B Ritter Debtor 1 14-14107 Debtor 2 Emily I Ritter Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 12.693.20 534.69 List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 5a 2,923.92 190.90 5b. 5b. Mandatory contributions for retirement plans \$ 0.00 \$ 0.00 5c. 5c. Voluntary contributions for retirement plans \$ 0.00 0.00 5d. 5d. Required repayments of retirement fund loans 0.00 0.00 5e. 5e. Insurance 82.33 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5g. Union dues 5g. 0.00 10.05 5h. 5h.+ Other deductions. Specify: Washington Labor & Industries 10.44 \$ 0.00 0.00 Workers Comp 2.10 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 3,016.69 203.05 7. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 9,676.51 331.64 List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 8a \$ monthly net income. 0.00 0.00 8h 8h 0.00 Interest and dividends 0.00 8c Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 0.00 8e. 8e. **Social Security** 0.00 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 0.00 8g. Pension or retirement income 8g. 0.00 0.00 8h. Other monthly income. Specify: 8h.+ 0.00 0.00 9 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 0.00 0.00 10. \$ Calculate monthly income. Add line 7 + line 9. 9,676.51 331.64 \$ 10.008.15 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 12 10.008.15 applies Combined monthly income Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain:

Fill	in this information to identify your case:				
Deb	otor 1 Ryan B Ritter		Che	eck if this is:	
				An amended filing	I
	Emily I Ritter				owing postpetition chapter
(Sp	ouse, if filing)			•	f the following date:
Uni	ited States Bankruptcy Court for the: WESTERN DISTRICT OF WAS	SHINGTON		1/31/2016 MM / DD / YYYY	
1	se number 14-14107				
(If k	known)				
0	fficial Form 106J				
S	chedule J: Your Expenses				12/1
Be infe nu	as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to thi mber (if known). Answer every question.				
1.	rt 1: Describe Your Household Is this a joint case?				
	□ No. Go to line 2.				
	Yes. Does Debtor 2 live in a separate household?				
	■ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expens</i>	es for Separate Househo	old of De	ebtor 2.	
2.	Do you have dependents? ☐ No				
۷.		Bernelle de caledon		B d 0.	Daniel de la contraction
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	Do not state the dependents names.	Son		10	■ Yes
	·				□ No
		Son		13	■ Yes
					□ No
					Yes
					□ No
3.	Do your expenses include No				Yes
0.	expenses of people other than yourself and your dependents?				
Est	Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless penses as of a date after the bankruptcy is filed. If this is a supplicable date.				
the	clude expenses paid for with non-cash government assistance value of such assistance and have included it on Schedule I: fficial Form 106I.)	•		Your exp	penses
•	•				
4.	The rental or home ownership expenses for your residence payments and any rent for the ground or lot.	. Include first mortgage	4.	\$	2,800.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	·	0.00
	4b. Property, homeowner's, or renter's insurance		4b.		35.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	:	0.00
5	4d. Homeowner's association or condominium dues  Additional mortgage payments for your residence, such as h	nome equity loans	4d. 5		0.00

	1 Ryan B Ritter 2 Emily I Ritter	Case num	ber (if known)	14-14107
U	tilities:			
6		6a.	\$	525.00
6k		6b.	\$	30.00
60		6c.	· .	285.00
60		6d.		0.00
	pod and housekeeping supplies	7.	·	1,500.00
	hildcare and children's education costs	8.	\$	·
				60.00
	lothing, laundry, and dry cleaning	9.	\$	200.00
	ersonal care products and services	10.	•	200.00
	edical and dental expenses	11.	\$	400.00
	ransportation. Include gas, maintenance, bus or train fare.	12.	¢	690.00
	o not include car payments.			
	ntertainment, clubs, recreation, newspapers, magazines, and books	13.		300.00
	haritable contributions and religious donations	14.	\$	25.00
	surance.			
	o not include insurance deducted from your pay or included in lines 4 or 20.	15-	¢	
	5a. Life insurance	15a.	· -	0.00
	5b. Health insurance	15b.		0.00
	5c. Vehicle insurance	15c.	·	120.00
	5d. Other insurance. Specify:	15d.	\$	0.00
	axes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	pecify:	16.	\$	0.00
	stallment or lease payments:			
17	7a. Car payments for Vehicle 1	17a.	\$	0.00
17	7b. Car payments for Vehicle 2	17b.	\$	0.00
17	7c. Other. Specify:	17c.	\$	0.00
17	7d. Other. Specify:	17d.	\$	0.00
Y	our payments of alimony, maintenance, and support that you did not report	t as		
	educted from your pay on line 5, Schedule I, Your Income (Official Form 10		\$	0.00
0	ther payments you make to support others who do not live with you.		\$	250.00
S	pecify: Support for Elderly Parent	19.		
	ther real property expenses not included in lines 4 or 5 of this form or on S	Schedule I: Yo	ur Income.	
	Da. Mortgages on other property	20a.		0.00
20	0b. Real estate taxes	20b.	\$	0.00
20	c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	Od. Maintenance, repair, and upkeep expenses	20d.	· -	80.00
	De. Homeowner's association or condominium dues	20e.		150.00
		21.	·	
	ther: Specify: Pet Expenses		· -	120.00
_	aseball Club Membership		+\$	295.00
В	asketball Membership		+\$	40.00
c	alculate your monthly expenses			
	2a. Add lines 4 through 21.		\$	8,105.00
	za. Add lifes 4 tifrough 21. 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J	L-2	\$	0,100.00
	, , , , , , , , , , , , , , , , , , , ,	J- <b>L</b>	·	
22	2c. Add line 22a and 22b. The result is your monthly expenses.		\$	8,105.00
c	alculate your monthly net income.			
	Ba. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	10,008.15
~	Bb. Copy your monthly expenses from line 22c above.	23a. 23b.		
	b. Copy your monthly expenses from the ZZC above.	∠ა0.	-φ	8,105.00
23	Subtract your monthly expenses from your monthly income			4 000 45
23	Sc. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.	23c.	\$	1,903.15
23	Sc. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	1,903.15
23	The result is your monthly net income.			1,903.15
23 23		er you file this	form?	·
23 D	The result is your monthly net income.  o you expect an increase or decrease in your expenses within the year afte	er you file this	form?	·
23 D Form	The result is your monthly net income.  by you expect an increase or decrease in your expenses within the year after or example, do you expect to finish paying for your car loan within the year or do you expect	er you file this	form?	·